

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450

or Fax (571)-273-2885

Alexandria, Virginia 22313-1450

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifications.	s form should be used to correspondence including ted below or directed other ations.	for transmitting the ISSU ng the Patent, advance o herwise in Block 1, by (a	JE FEE and PUBLICAT rders and notification of a specifying a new corre	TION FEE (if requi maintenance fees w espondence address;	ired). Blocks 1 through 5 : vill be mailed to the curren and/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for			
	DENCE ADDRESS (Note: Use B	lock I for any change of address)	No Fee	te: A certificate of e(s) Transmittal. Thi	mailing can only be used f	or domestic mailings of the for any other accompanying ent or formal drawing, must			
470 TOTTEN P WALTHAM, M	& PANDISCIO P. POND ROAD 1A 02451-1914	C	I h Sta add	ereby certify that th	tificate of Mailing or Transis Fee(s) Transmittal is being the sufficient postage for fit Stop ISSUE FEE address TO (571) 273-2885, on the	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.			
2/11/2008 SSESHE2	00000050 160221	10038468	M	largaret M.	Carley	(Depositor's name)			
1 FC:1504 2 FC:2501		00 OP 00 OP	<u> </u>	May	Am a	(Signature)			
	JOHN 311			ecember 0	2008	(Date)			
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/038,468	01/03/2002	OF OVEREN	Christoph Hehrlein		2869	8101			
FITLE OF INVENTION	N: DELIVERY SOURCE	OF OXYGEN							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE TOTAL FEE(S) DUE	E DATE DUE			
nonprovisional	YES	\$720	\$300	\$0	\$1020	12/18/2008			
EXAN	MINER	ART UNIT	CLASS-SUBCLASS	٦.		•			
STIGELL, T	HEODORE J	3763	604-264000	J					
	lence address or indicatio	n of "Fee Address" (37	2. For printing on the	patent front page, lis	st Dandie	cio & Pandiscio			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
B. ASSIGNEE NAME A	AND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	ype)					
PLEASE NOTE: Un	iless an assignee is ident		data will appear on the	patent. If an assign	ee is identified below, the	document has been filed for			
(A) NAME OF ASSI	GNEE	•	(B) RESIDENCE: (CIT	Y and STATE OR C	COUNTRY)				
Oxira Med	ical Inc.		Boca Raton,	FL	•	•			
Please check the approp	riate assignee category or	categories (will not be pr	rinted on the patent) :	Individual 🛭 Co	orporation or other private gr	roup entity Government			
1a. The following fee(s)	are submitted:	41	b. Payment of Fee(s): (Ple	ease first reapply ar	ny previously paid issue fee	shown above)			
X Issue Fee \$72			A check is enclosed.	\$1,020.00	••	,			
·	No small entity discount p	permitted) \$300.00	Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-0221 (enclose an extra copy of this form).						
Advance Order -	# of Copies		overpayment, to Dep						
	atus (from status indicate				(any deficiencie				
• •	ns SMALL ENTITY state		• • • • • • • • • • • • • • • • • • • •		LL ENTITY status. See 37 C				
nterest as shown by the	records of the United Sta	ates Patent and Trademark	Office.		sicred anomey or agent, or i	the assignee or other party in			
Authorized Signature	Mayor	m cae	Cey	Date12/0	09/2008				
Typed or printed nam	ne Margaret M.	Carley		Registration N	lo. <u>55,625</u>				

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

				71)-273-2885	IIII 2231	15 1450	•			
INSTRUCTIONS: This for appropriate. All further coindicated unless corrected maintenance fee notification	orm should be used for prespondence including below or directed others.	or transmitting the IS of the Patent, advance erwise in Block 1, by	(a) specifying a new con	maintenance fees w espondence address;	yill be mai ; and/or (b)	) indicating a separ	ate "FEE ADDRESS" for			
CURRENT CORRESPONDEN	CE ADDRESS (Note: Use Blo	ck I for any change of addres	DEC 1 1 2000 Sh	ofe: A certificate of e(s) Transmittal. The pers. Each additional verificate own certificate	mailing ca is certificat al paper, su c of mailing	te cannot be used for the cannot be used for the can assignment g or transmission.	or any other accompanying it or formal drawing, must			
PANDISCIO & 470 TOTTEN PO WALTHAM, MA	PANDISCIO P.O ND ROAD	C.	TADOM SELECT	Cer nereby certify that th ates Postal Service v dressed to the Mai ansmitted to the USP	rtificate of nis Fee(s) T with suffici il Stop ISS PTO (571) 2	Mailing or Transmittal is being tent postage for first SUE FEE address 273-2885, on the date	nission deposited with the United t class mail in an envelope above, or being facsimile tte indicated below.			
		T-	Margaret M.	Carle	У	(Depositor's name)				
		1_	May	nt	ma	(Signature)				
		·	Ĺ	December 0	2008		(Date)			
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	)R	ATTORNEY DOCKET NO.		CONFIRMATION NO.			
10/038,468 TITLE OF INVENTION:	01/03/2002		Christoph Hehrlein	Christoph Hehrlein			2869 8101			
	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	IE FEE	TOTAL FEE(S) DUE	DATE DUE			
APPLN. TYPE	YES	\$720	\$300	\$0			12/18/2008			
nonprovisional			<del> </del>	¬ •••		*****	•			
EXAMINER		3763	CLASS-SUBCLASS 604-264000	٠.						
STIGELL, TH				e patent front page, l	list	<del></del>				
CFR 1.363).  Change of corresponded correspo	ondence address (or Cha 1/122) attached.	(1) the names of up or agents OR, altern (2) the name of a si	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to							
PTO/SB/47; Rcv 03-0: Number is required.	cation (or "Fee Address 2 or more recent) attacl	2 registered patent a listed, no name will	2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
			ON THE PATENT (print or		mee is ider	ntified below the d	locument has been filed for			
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Oxira Medi	cal Inc.		Boca Rator	, FL						
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual & Corporation or other private group entity Government										
4a. The following fee(s)			4b. Payment of Fee(s): (			ously paid issue fee	shown above)			
Issue Fee \$720.00										
Advance Order -	•		The Director is he overpayment, to D	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-0221 (enclose an extra copy of this form).						
5. Change in Entity Sta	tus (from status indicat	ed above)		(any deficiencies)						
	s SMALL ENTITY sta		b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
NOTE: The Issue Fee an interest as shown by the	records of the United S	quired) will not be acc lates Patent and Trader	epted from anyone other tr nark Office.	an the applicant; a re	egistered at	tionicy of agent, of	the assignee or other party if			
Authorized Signature	Mayor	tma	eley	Date 12	/09/20		<del></del>			
••	me Margaret M			Registration						
an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 22:	ntiality is governed by 3 application form to the tions for reducing this by Virginia 22313-1450. E 313-1450.	of U.S.C. 122 and 37 Che USPTO. Time will urden, should be sent DO NOT SEND FEES	CFR 1.14. This collection is	s estimated to take Individual case. Any fficer, U.S. Patent at S TO THIS ADDRE	comments nd Tradem ESS. SEND	s on the amount of ark Office, U.S. Do TO: Commissione	nd by the USPTO to process ing gathering, preparing, and time you require to complete partment of Commerce, P.O. or for Patents, P.O. Box 1450			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.